

**Work Order ID 63638**

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Friday, November 05, 2010 3:16:07 PM

Item ID: D206-781-051

Accept



Setup Start



Revision ID:

Item Name: Floor Protector (Pilot, Co-Pilot and Passenger)

Stop



Start Date: 11/5/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 11/8/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: MFDate: 10-11-5

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
DSI 9480	A

100



DC

Document Control

Memo

0.00

Photocopy bluefile & type labels per PPP D206-781-051/ DSI 9480  
CHG001

110



Packaging

Packaging

Pick Kit

0.00

Memo

0.00

120



QC

Quality Control

QC4- 100% Inspect kits for completeness

0.00

Memo

0.00

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

**Work Order ID 63638**

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Friday, November 05, 2010 3:16:07 PM

Item ID: D206-781-051

Accept



Setup Start



Revision ID:

Item Name: Floor Protector (Pilot, Co-Pilot and Passenger)

Stop



Start Date: 11/5/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 11/8/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130



Packaging

Memo

0.00

10/11/55

Packaging

Identify and pack for shipping as per PPP D206-781-051/DSI 9480  
Location: 260  
PPP rev: Draft

140



QC

QC21- Final Inspection - Work Order Release

0.00

10/11/08 JF

Quality Control

Memo

0.00

MF  
10-11-8

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

# Picklist Print

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Work Order ID: 63638



Parent Item: D206-781-051



Parent Item Name: Floor Protector (Pilot, Co-Pilot and Passenger)

Start Date: 11/5/2010

Required Date: 11/8/2010

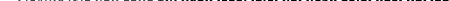
Start Qty: 1.00

Required Qty: 1.00

Comments: IPP RevA: New issue DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D206-781-011	CHG 001	Manufactured	No			110	Each	4.0000	1	1		10/11/2010	SSP

Floor Protector (Pilot and Co-Pilot)



D206-781-021



Manufactured

No

Location	Loc Qty	Loc Code
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FG010  
59785

4

4

Each

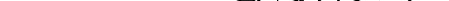
3.0000

1

1

10/11/2010  
SSP

Floor Protector (Passenger Cabin)



Location	Loc Qty	Loc Code
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FG010  
62359

3

3

1

10/11/2010  
SSP

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries